

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

## BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.  
Step 3. Conduct Bradenhead test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 10724

2. Name of Operator: NORTH SHORE ENERGY, LLC

3. BLM Lease No:

4. API Number: 05-081-07106 07102

5. Multiple completion? ☐ Yes ☐ No

6. Well Name: EVANS FEDERAL

Number: 22-28

7. Location (Qtr, Sec, Twp, Rng, Meridian): SENW SEC 28, T11N-93W

8. County: MOFFAT

9. Field Name: TEARDROP

10. Minerals: ☐ Fee ☐ State ☒ Federal ☐ Indian

11. Date of Test: 12-22-01

12. Well Status: ☐ Flowing ☒ Shut In  
☐ Gas Lift ☐ Pumping ☐ Injection  
☐ Clock/Intermittent  
☐ Plunger Lift13. Number of Casing Strings:  
☒ Two ☐ Three ☐ Liner?

## 14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: Fm: 449.6	Tubing: Fm:	Prod. Casing: Fm: 450	Intermediate Cag: Fm:	Surface Casing: Fm: 0
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15.

STEP 2: See instructions above.

## 16. STEP 3: BRADENHEAD TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
00:	449.6		450		No Flow
05:	449.6		450		0
10:	449.6		450		0
15:	449.6		450		0
20:	449.6		450		0
25:	449.6		450		0
30:	449.6		450		0

Note instantaneous Bradenhead PSIG at end of test: > 0

## 17. STEP 4: INTERMEDIATE CASING TEST

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
00:					
05:					
10:					
15:					
20:					
25:					
30:					

Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments:

## 19. STEP 5: See instructions above.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed by: OLIVER WILLIE

Title: FIELD FOREMAN

Phone: 303-321-1299

Signed:

Title:

Date: 12-22-01

WITNESSED BY:

Title:

Agency:

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